Child Sexual Exploitation Peer Diagnostic

Solihull Safeguarding Children's Board

05-07 December 2017

Feedback Report

1. Executive Summary

The Peer Diagnostic team was warmly welcomed by Solihull Metropolitan Borough Council (SMBC), the Solihull Safeguarding Children Board (SSCB) and all the partners that the team met. The team wish to impress the partnership focus of the Diagnostic and that no single agency can tackle child sexual exploitation (CSE) by working in isolation. It was clear to the team that significant effort has been made by SMBC and all the partners to drive up awareness of CSE and recognise Solihull's ambition to extend the strengths of the CSE approach across wider areas of vulnerability and exploitation.

The team was impressed with the clear sign-up from all partners to working together to address the issues relating to CSE. There was a high level of awareness at all levels and people were able to clearly articulate their understanding.

CSE is prioritised at a high level across the partnership, which has focused energy and promoted awareness. There is a commitment to focus attention on CSE through a streamlining of strategic boards to avoid duplication and provide clear lines of accountability. Senior leaders engage with staff and there are clear systems for monitoring and addressing performance that ensures the focus is maintained on CSE issues.

Solihull has a committed and passionate workforce. Staff know the children and families that they support and demonstrate a warmth and compassion for their welfare. There is a high level of training and development on offer and staff have regular supervision. The staff that the team met reported that managers were available and supportive.

It is the team's view that Solihull's ambition to safeguard young people as they enter adulthood is cutting-edge. The approach that if a young person is vulnerable as they approach adulthood, regardless of learning disability, that they should continue to receive the support and protection receive was seldom seen elsewhere.

2. Summary of the peer diagnostic approach

The peer team

Peer diagnostics are delivered by experienced officer peers. The make-up of the peer team reflected your requirements and the focus of the peer diagnostic. Peers were selected on the basis of their relevant experience and expertise and their participation was agreed with you. The peers who delivered the peer diagnostic at Solihull were:

- **Eoin Rush** – Assistant Director, Children's Specialist Services, City of York Council
- **Paul Goundry** – Project Lead for Safeguarding, Durham Constabulary
- **Neil Harris** – Head of Service, Quality Assurance and Service Improvement
- **Sue Cuffe –** Assistant Director Barnardo's, West Region
- **Karen Roberts** – Head of Service, Youth Justice and Leaving Care, Bracknell Forest Council

- **Jonathan Trubshaw** – Diagnostic Manager, Local Government Association

Scope and Focus

The diagnostic focused on the five key themes set out in the guidance manual. The Team also undertook a document review and compliance with the statutory guidance on CSE. The report includes the good practice we heard about and areas which you might want to consider further.

It is important to stress again that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented to us on CSE. The focus of our feedback was to assist you on building on what you are doing well and areas which could be improved. We highlight areas which were noted by the Peer Diagnostic team in terms of:

- Strategic Leadership and Governance
- Quality Assurance and Performance Management
- Front line safeguarding practice
- Partnership Response and Community Engagement
- Impact and Outcomes
- Document Review
- Assessment of Compliance with the requirements of statutory guidance on CSE (DCSF 2009)
- Case File Review

Shortly before the Team arrived on site we undertook a review of 7 case files (the findings from these files are sent separately) and a range of these were discussed further with the relevant case officers as part of the Diagnostic. We had the opportunity to meet with a range of managers and frontline staff from across the partnership.

3. Main Findings

3.1. Strategic Leadership and Governance

The team was impressed by the commitment to CSE and keeping children safe in Solihull and this was evidenced right across the partnership. The SSCB has CSE as a strategic priority and this has focused and maintained partners' attention. In the team's view CSE was everybody's business, both within Children's Services and more widely through other organisations. The SSCB steering group on CSE has been influential in ensuring that all the activity and arrangements across the partner organisations cohere. The team also received evidence that there was an intention to do more to bring together the work of the four strategic boards (SSCB, Health and Wellbeing Board, Community Safety Partnership and Adult Safeguarding Board) through a strategic chairs group to exchange and discuss information and ensure work is aligned and not duplicated. In the team's view there is an opportunity for the boards to now consider CSE within a broader spectrum of abuse, building on the energy and profile that has been given to CSE.

The lead member was well briefed on CSE issues and provides meaningful challenge back to the partnership. Challenge was given within the Council and CSE issues were raised in debates, as well as through regular briefing sessions and more widely through participation at strategic meetings.

The focus of senior leadership within Solihull, from the Chief Executive, Director of Children's Services and the Assistant Director, has put real energy and ensured commitment to this agenda. The team received evidence from staff that Heads of Service were visible and accessible to staff and together with the focus from the senior leadership were able to provide a consistent focus on the CSE agenda.

The team was impressed with Solihull's ambition to support vulnerable young people into adult life. The team heard that for care leavers, CSE cases will not be closed when the young person reaches 18; they will continue to receive support until they are 25. Currently where there is a need beyond 18 the service continues to try and meet need through the Engage service. There was an awareness that as adults at 18+ there is reduced power for agencies to intervene and that persistence in trying to engage these vulnerable young people is needed, even where they are reluctant to identify themselves as being exploited. This is an area where positive and innovative changes could be made with regards to social care practice, as well as to the impact on young adults' lives, and in the team's view could benefit from an accelerated focus so that young people do not face a 'cliff edge' when they reach 18 years of age.

In the team's view there is an opportunity for the Community Safety Partnership to continue the focus on CSE through the work on responses for post 18 young people.

Solihull has put a lot of focus into ensuring CSE is effectively addressed, concentrating on continuing high standards and a drive for further developments. In the team's view an increased evidence base, demonstrating the impact and improved outcomes for children would help achieve that ambition.

3.2. Quality Assurance & Performance Management

The team received evidence from frontline staff that they receive regular and supportive supervision, which they found helpful and reflective. Staff said that managers are accessible and available for discussion whenever necessary outside of the regular monthly supervision cycle.

The team was impressed with the SSCB Audit Days, which enabled the partnership to keep grounded in frontline practice, identify learning and development themes. Managers across a variety of agencies were involved in auditing cases, which provided a good range of perspectives. The audits provided feedback on the systems and processes that have been introduced, not only making sure that these were being complied with but also providing information for future refinements. The learning from audits is disseminated throughout the workforce and the team received evidence that the impact of audit work was referenced by staff.

The RAG rated casefile auditing was valued by staff. There was an awareness that their practice was taken seriously and that they knew when action was required. Several members of staff said that they received letters or emails from senior managers acknowledging good work. Staff reported to the team that knowing that

their work was being looked at helped with morale and showed energy and commitment to frontline practice.

The introduction of ACT (Audit and Compliance Tuesday) arrangements was welcomed by staff and managers as they brought a whole organisational focus onto the quality of frontline practice. By having a dedicated time (one day a month) to ensure practice meets the required standards enabled open conversations and any necessary action to take place.

In the team's view accelerating the use of Performance Report Templates in to the SSCB would ensure the tools that are designed to report on the Board's priorities (Neglect, Early Help and CSE) are populated in a timely way. The Board would then have the necessary current data to consider and make informed decisions, as well as monitoring up-to-date progress.

Developing a case monitoring system that takes into account not only the number but the complexity of social work cases may increase workload transparency. The team acknowledges that there is no simple solution to allocating cases and involving frontline staff in the design of any new system may help with buy-in and adoption.

The team heard concerns from some of the frontline staff regarding the timeliness and quality of return-to-home interviews (RHI) and subsequent reports that they received through a third party provider. Staff said that they were not always clear as to the reasons why a young person ran away from or returned to home. This service is currently contracted out to a third party provider and the team heard that the council is starting to challenge this provider about those interviews that are not completed within 72 hours. The timeliness of RHI's is being strengthened through new commissioning arrangements with the third party provider. The representatives of the RHI provider have started to attend CMOG (CSE and Missing Operational Group) meetings and it is hoped that this will lead to greater information sharing. The team considered that there could be advantages to the RHIs being carried out by staff who were already involved with the young person and had an established relationship with them. This would help to improve the quality of the reports as the information disclosed by the young person may be more meaningful. Gathering information together would enable themes and areas of risk to be more quickly identified and responded to.

The team noted that the partnership holds a lot of data relating to CSE. It may be worth considering whether maximum use is being obtained from the analysis of this data and how it might be further used to help drive performance and impact. An example of where further analysis might benefit the partnership could be to consider the completion of the incident reporting forms, established by the police, by agency and issue to provide a clearer understanding of who is and who is not telling the partnership about the children vulnerable to exploitation.

3.3. Frontline Safeguarding Practice

The team was impressed with the ideas and ambition to improve and innovate that they heard from staff. People were willing to share their experience and suggest different ways of working that might improve the services provided for children. There was a culture of people constantly looking to do the best that they can and this was encouraged by managers and the senior leadership. The team received a

suggestion from a staff group that joint supervision for social workers and support workers would aide communication, particularly where a child has more than one member of staff working directly them.

It was evident from all the staff that the team met that they were alert to the issues of CSE. They were able to recognise CSE or the risk of it as and when this emerged and they were well informed as to what this might mean for young people and their vulnerabilities. It was also clear that social workers and specialist support workers know their children well and display a tenacity in ensuring contact with children is maintained wherever possible, on occasion travelling beyond the Borough's boarders to ensure their young people's circumstances are understood and that they are safeguarded. In the team's view interactions with children are conducted with sensitivity and compassion.

The partnership as a whole appeared strong. Health and education colleagues expressed confidence in the Multi-Agency Safeguarding Hub (MASH) arrangements. The team also notes the strong commitment from health and education to train their own staff and proactively encouraging staff to complete the CSE risk assessment tool.

Although small, the specialist CSE team is highly valued by other staff for the support and knowledge they offer. Knowledge of CSE issues now appears to be well embedded across the workforce. It may therefore be worth considering how specialist knowledge and practice might become more closely integrated with mainstream safeguarding practices. The team considered that established child protection procedures might be developed so that they meet the requirements in respect of CSE cases. The team recognised that a significant proportion of children who may be vulnerable to CSE may not be known to mainstream social care. Given the level of maturity and sophistication of the specialist CSE provision it may be timely to consider whether this should continue to be located within Early Help or mainstreamed within general social care provision. It may also be useful to consider an expanded service with a wider focus for exploited children and where this would be best located. Consideration could also be given to further up-skilling the social care workforce to work more directly with exploited children and therefore take pressure off of the 'specialist' CSE team. This would provide a more integrated and timely casework response to meet the needs of the children and young people affected by CSE.

The team noted that a significant number of looked after children and care leavers were unaccompanied asylum seekers. It may therefore be useful to consider how Solihull's clear understanding of the vulnerabilities of this group are linked back into and inform the wider strategy for CSE.

In the team's view more could be done to ensure that there is further consistency of application of thresholds within the MASE (Multi-Agency Child Sexual Exploitation) meetings. The team was aware of some examples where young people had moved up or down levels and the reasons for this not being immediately apparent.

It was clear to the team that Solihull and partners have made significant investments and have created a hub of expertise around CSE. There may be opportunities to share the experience and skills that have been developed primarily within the CSE team more widely across the workforce. This would create capacity within the workforce to address CSE and perhaps wider vulnerability issues as well.

3.4. Partnership Response and Community Engagement

The team received clear evidence from across the partnership that there was a strong commitment and sign-up to the CSE agenda. People whom the team spoke with knew about and were interested in the issues and wanted to be involved in the development of the arrangements for addressing these. There was evidence of a pro-active culture with partners picking up the phone to resolve issues and to exchange information.

Education and health partners were seen to be well engaged and working in an integrated way as full members of the 'team' that looks after a child. The police have committed resources to addressing the CSE issues and showed a willingness to tailor their responses to fit with the Solihull model. Negotiations with the police could improve availability and flexibility particularly in supporting MASE meetings. Partners' commitment was evidence through attendance and participation in a variety of meetings.

The training offer from the SSCB was highly valued by the partners and staff that the team spoke with. People referenced training that they had attended and there appeared to be a generally good level of take-up of training places.

In the team's view, given the level of maturity in the CSE arrangements, it may be timely to consider a Lean Review of the interrelationship of MASE, CMOG and Children's Strategy Meetings. It may be worth considering if there is now the opportunity to unlock capacity and reduce the number of meetings whilst maintaining a clear picture of the child's journey. This links to the point the team heard from some of the young people they met who said that they considered there were too many professionals involved in their lives. Whilst considering more broadly the role and function of MASE meetings, the team felt that children's attendance should be reviewed and consideration given to other ways of ensuring the child's voice is clearly heard. The team considered it a strength when Sexual Health representatives attended the CMOG meetings and this would be enhanced by ensuring their regular attendance rather than on an occasional basis.

The team was impressed by the young people they met. Some of the messages the team heard included young people's request to have more opportunities to talk about sex and sexual behaviour that went beyond drop-down days in school and information campaigns. Young people were not always aware of information about the scope and prevalence of CSE locally and some were surprised by the local figures. Young people would welcome information about what might be the very early signs that indicated you might be at risk of being exploited. One young person commented; "*As adults, you need to get over the taboo about talking about sex, so we can be OK about having these discussions*".

3.5. Impact and Outcomes

The team saw evidence of an extensive training offer, including for non-council staff e.g. taxi drivers, as well as work with the police and those working in hotels. This activity has led to high levels of awareness regarding the issues of CSE. Although the impact of this was yet to be fully apparent, there was some evidence through a small number of taxi drivers making referrals where they felt a child was at risk.

Capturing and highlighting the positive impact of training and awareness raising will encourage others to act on their knowledge and get involved and the partnership recognised the need to gain further evidence of this.

The deep-dive work regarding those children who go 'missing' has strengthened the council's work in other areas, especially contract compliance.

The team considered it noteworthy that there had been a successful prosecution of a perpetrator. The team recognised that nationally this is unfortunately a rare occurrence and the efforts of the police and the other partners involved in gathering evidence and supporting victims should be commended. The team also noted that there appeared to be an emerging shift in the attitude and approach of the leadership within the police, with specialist officers promoting a move away from victim blaming towards pursuing perpetrators and being prepared to challenge colleagues when this did not happen. It was acknowledged that further progress needs to continue on this issue.

Solihull was seen to be championing the approach to addressing CSE and this was perceived to be having an impact regionally, with senior leaders taking the message to colleagues in neighbouring local authorities. The DCS in Solihull is the regional DCS representative on the CSE network, which has proved useful to coordinating regional activity. This has been further strengthened by having the regional CSE co-ordinator based in Solihull.

The voice of the child came through clearly in the case records that the team reviewed. However, what was less clear was how children were involved in shaping service development. More could be done to explicitly state where services have changed due to the inputs from young people; "You said, we did".

To ensure that there is sufficient and robust evidence to demonstrate that progress is being made in achieving outcomes it may be timely to review the current scorecards and other monitoring arrangements, so that they remain fit for purpose for internal audiences, external partners and any external inspections. In addition to reliable quantitative data, it may also be worthwhile reviewing to ensure there is clear evidence to demonstrate the impact and difference interventions are making to the lives of young people. This may be achieved through the existing thematic audit process so that future iterations highlight evidence of impact, including the development of case studies. Areas that have recently undergone Ofsted inspection have been required to clearly demonstrate impact in their auditing of casework.

3.6. Document Review

The team received a wealth of documentation relating to CSE prior to the on-site work. It was clear that CSE has received a lot of attention and this is supported by the documentation the focus on CSE has produced. The main points the team noted were:

- SSCB is compliant with its policies and procedures to tackle CSE
- The SSCB CSE strategy is clear and well supported
- CSE is clearly referenced in the SSCB annual report

- SSCB has developed effective guidance to support schools in understanding the signs of CSE
- Partnership and multi-agency meetings have clearly defined purpose and are well attended with records of discussions/actions
- There is a range of clear policies and procedures that have multi-agency sign-up to support activity to address CSE.

3.7. Compliance with Statutory Guidance on CSE

Solihull SSCB complies in full with the requirements of statutory guidance.

- SSCB Annual Report and Business plan fully reflect CSE
- SSCB Procedures and Threshold documents fully reflect CSE
- Minutes of SSCB and sub-group fully reflect CSE
- Comprehensive programme with service industry (e.g. hotels/taxi firms) delivered to promote sensitivity of CSE and referral pathways
- Profile of CSE developing, and dataset agreed which will require further population/embedding
- Comprehensive training programme and evaluation, with considerable impact in education sector
- Missing profile/incidence in place

4. Recommendations

We would recommend that the partnership:

- Broaden CSE learning to other areas of vulnerability and exploitation, building on the expertise that has already been developed
- Develop reporting mechanisms further so that impact and outcomes can be clearly demonstrated
- Further integration of CSE arrangements with child protection core safeguarding arrangements
- Explore a Lean Review of the inter-relationship between MASE, CMOG and Children's Strategy Meetings
- Review practice of children and carers attendance at MASE meetings
    - Consider a single chair for MASE meetings to increase consistency in the application of in thresholds, recording and decision making
    - Support police colleagues in the pursuit of perpetrators of CSE
- Consider further developing the training offered to staff so that peer-on-peer abuse is more fully taken into account
- Embed the SSCB CSE dataset to support strategic partnership planning and operational delivery.

5. Next Steps

The Diagnostic team, has offered to help in areas that you feel will benefit from further advice and guidance

The Local Government Association would be happy to discuss how we could help you further through the LGA's Principal Adviser Helen Murray; e-mail helen.murray@local.gov.uk Tel: 07884 312235 , or Claire Burgess, the Children's Improvement Adviser; e-mail Claire.burgess23@gmail.com Tel: 07854 407337.

Thank-you to everyone involved for their participation. In particular, please pass on thanks from the diagnostic team to Frank McSheffrey, Simon Stubbs and their colleagues for their help prior to the diagnostic and during the on-site phase.